

OMB No. 1545-0008 **Form W-2 Wage and Tax Statement 2019**

a Employee's social security number	1 Wages, tips, other comp. 3000.00	2 Federal income tax withheld 105.75
b Employer ID number (EIN)	3 Social security wages 3000.00	4 Social security tax withheld 186.00
	5 Medicare wages and tips 3000.00	6 Medicare tax withheld 43.50

c Employer's name, address, and ZIP code

DIWAN RESTAURANT INC.
3747 74TH STREET
JACKSON HEIGHTS NY 11372

d Control number

e Employee's name, address, and ZIP code

JOGINDER SINGH
80-55 LANGDALE ST
NEW HYDE PARK NY 11040

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
14 Other SDI	3.00	
NY	3000.00	99.35
15 State/Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc. 3000.00	19 Local income tax 70.40	20 Locality name NY City

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.
DXA

Dept. of the Treasury - IRS

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For EMPLOYEE'S RECORDS (See Notice on back.)

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